

ATTORNEY'S DOCKET NO.: EGYP 3.0-009

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

OIP	statins (HMG-CoA Reductase Inhibitors) as a novel type of immunomodulator, immunosuppressor ar						
0.	inflammatory agent the specification of which						
	is attached hereto						
FEB 2 3	was filed on as Un	ited States Application Number or P	CT International Application Nu	mber and was amended			
)	on (if applicable).						
AT & TRAC	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any logarishment specifically referred to above. Lacknowledge the duty to disclose information which is material to patentability as defined in Title 37. Code of Federal Regulations, § 1.56.						
	I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.						
	I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:						
	PRIOR FOREIGN APPLICATION(S)						
	COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED			
				YES NO			
				YES NO			
				YES NO			
	LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF YES NO I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:						
	Application Number: Filing Date:						
	Application 1	Filing Date:					
	I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:						
	U.S. Parent Application Serial Number:	Parent Filing	Date: Pa	rent Patent No.:			
	U.S. Parent Application Serial Number:	Parent Filing	Date: Pa	rent Patent No.:			
	PCT Parent Number:	Parent Filing I	Date:				
	ISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: 🔲 YES 🖾 NO						
	POWER OF ATTORNEY: As a named in transact all business in the Patent and Trad			osecute this application and to			

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530



ATTORNEY DOCKET NO.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole	e or first inventor (given name, family name): Francois Mach		
Inventor's signa	ature M2rd	Date	10/10/2000
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Full name of sec	ond joint inventor, if any (given name, family name)		
Second Inventor	r's signature	Date	
Residence: Post Office Addi	Citizenship: ress:		
Full name of thir	d joint inventor, if any (given name, family name):		
Third Inventor'	's signature	Date	
Residence: Post Office Addi	Citizenship: ress:		
Full name of fou	rth joint inventor, if any (given name, family name):		
Fourth Inventor	r's signature	Date	
Residence: Post Office Adda	Citizenship: ress:		
Full name of fift	h joint inventor (given name, family name):		
Fifth Inventor's	s signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of sixt	th joint inventor, if any (given name, family name):		
Sixth Inventor's	s signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of sev	enth joint inventor, if any (given name, family name):		
Seventh Invento	or's signature	Date	
Residence: Post Office Add	Citizenship: ress:		
Full name of eigl	hth joint inventor, if any (given name, family name):		
Eighth Inventor	r's signature	Date	
Residence: Post Office Addi	Citizenship: ress:		
Additional in	wantara ara haina namad an canarataly numbered chasta attached harata		